

Temporary Protection Order Application Information

*The following information is requested to make a decision on your application.
Answering "No" may result in denial of your request.*

Circle Response

Police Report

If you filed a report with a law enforcement agency, did you include a copy with your Temporary Protection Order application? YES NO

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If you are not including a copy of the law enforcement report, state the reason:

Text/Email/Social Media Messages

If the incidents involve text, email, social media messages, or video did you include a copy of the content with your Temporary Protection Order application? YES NO

Address of Adverse Party

Given that a protection order only becomes enforceable after it is served on the Adverse Party, do you have the home or work address of the Adverse Party in order to facilitate service of the order? YES NO

Jurisdiction

If you have a child or children in common with the Adverse Party; if you are or have been married to the Adverse Party; and/or if you are living with the Adverse Party in a domestic partnership or familial relationship (excluding siblings and cousins who are not in a custodial or guardianship relationship with each other), you must file your application in Family Court, not in Henderson Justice Court.

Based on your relationship with the Adverse Party, is Henderson Justice Court the right place to file your application for a Temporary Protection Order? YES NO

Did the incident(s) occur in Henderson Township or was the person affected by the conduct in Henderson Township at the time that the conduct occurred?..... YES NO

Case No. _____
Dept. No. _____

IN THE JUSTICE COURT OF HENDERSON TOWNSHIP
COUNTY OF CLARK, STATE OF NEVADA

VS.

Applicant(s),

APPLICATION FOR ORDER FOR PROTECTION AGAINST STALKING, AGGRAVATED STALKING, OR HARASSMENT (NRS 200.591)

Adverse Party(s).

STALKING - A person commits the crime of stalking when, without lawful authority, that person willfully or maliciously engages in a course of conduct that would cause a reasonable person to feel terrorized, frightened, intimidated or harassed, and that actually causes the victim to feel terrorized, frightened, intimidated or harassed. (NRS 200.575 (1))

AGGRAVATED STALKING - A person commits the crime of aggravated stalking when that person commits the crime of stalking and, in conjunction therewith, threatens the person with the intent to cause him to be placed in reasonable fear of death or substantial bodily harm. (NRS 200.575 (2))

HARASSMENT - A person commits the crime of harassment when (a) that person, without lawful authority, knowingly threatens: (1) to cause bodily injury in the future to the person threatened or to any other person; (2) to cause physical damage to the property of another person; (3) to subject the person threatened or any other person to physical confinement or restraint; or (4) to do any act which is intended to substantially harm the person threatened or any other person with respect to his physical or mental health or safety; and (b) the person by words or conduct places the person receiving the threat in reasonable fear that the threat will be carried out. (NRS 200.571)

PLEASE TYPE OR PRINT CLEARLY.

COMPLETE THE APPLICATION TO THE BEST OF YOUR KNOWLEDGE.

I am applying for protection (check all that apply):

□ For Myself

☐ On behalf of another person(s)

I reasonably believe that the Adverse Party has committed and/or is committing the crime of stalking, aggravated stalking or harassment as defined above. The acts occurred as follows:

THIS FORM IS A PUBLIC RECORD

☐ *Check if you use a continuation page (to be incorporated by reference)*

This matter does not have to be reported to law enforcement; however, has a report ever been filed? ☐ Yes ☐ No

If yes, approximate date(s):

Name of law enforcement agency:

Case/Event number if known:

(NOTE: IT IS NOT NECESSARY TO FILE A LAW ENFORCEMENT REPORT, BUT IF YOU HAVE ONE AVAILABLE, PLEASE ATTACH A COPY OR BRING IT TO THE COURT HEARING.)

For purposes of this form, a "TPO Action" is defined to include the following **Justice Court** actions:

- (1) An Order for Protection Against Stalking and Harassment (NRS 200.591);
- (2) An Order for Protection of Children (NRS 33.400);
- (3) An Order for Protection Against Harassment in the Workplace (NRS 33.270). A "TPO Action" is also defined to include the following **Justice/Family/District Court** action:
 - (a) An Order for Protection Against Domestic Violence (NRS 33.020)

Please Check the Appropriate Box Below:

☐ In the last 2 years, Applicant or any party seeking protection has not filed a TPO action against the Adverse Party anywhere in the State of Nevada, and the Adverse Party has not filed a TPO action against Applicant or any party seeking protection anywhere in the State of Nevada.

☐ In the last 2 years, the following TPO action(s) in the State of Nevada have been filed involving Applicant and the Adverse Party:

Case # (if known)	Court (Justice/Family)	Place of Filing	Approx. Date Filed	Outcome (TPO granted, denied, rescinded, etc.)

Applicant must be at least 18 years of age. If not 18 years of age, consult with the Clerk.

1. a) Applicant's Name _____ Age _____

(Last) (First) (Middle)

b) Applicant's relationship to Adverse Party: _____

c) Provide names below of those for whom you are seeking protection, including yourself, minors or household members that need this protection. Indicate the relationships of all persons listed to yourself and to the Adverse Party (e.g., spouse, intimate partner, friend, roommate, neighbor, relative, acquaintance, co-worker, stranger):

NAME	AGE	RELATIONSHIP TO APPLICANT	RELATIONSHIP TO ADVERSE PARTY
		Self (if applicable)	

Explain why protection is needed for the individuals listed above:

(NOTE: YOUR APPLICATION WILL NOT BE DENIED BASED UPON A PARTICULAR RELATIONSHIP. HOWEVER, DEPENDING UPON YOUR RELATIONSHIP, YOU MAY ALSO BE ELIGIBLE TO APPLY FOR AN ORDER OF PROTECTION AGAINST DOMESTIC VIOLENCE PURSUANT TO NRS CHAPTER 33.)

2. Has the Adverse Party ever lived with any Party listed above? ☐ Yes ☐ No

If so, for how long? _____

3. Is anyone listed above living with the Adverse Party now? ☐ Yes ☐ No

If so, who? _____

4. Date of separation (if applicable): _____

5. Are there children involved? ☐ Yes ☐ No If so, how are they involved?

6. Has the Adverse Party ever been involved in any other relevant Court actions (e.g.,
eviction, divorce, custody, criminal, etc.)?

☐ Yes ☐ No If yes, please explain: _____

7. Residence(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list address, city, state and zip code:

8. Place(s) of employment where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

9. Location of school(s) where protection is needed:

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

10. Other specific locations frequented where protection is needed (i.e., sports, extra-curricular activities, church, employment, after-school activities, etc.):

☐ CONFIDENTIAL (*If confidential, check and move to the next question*) or,

☐ If not confidential, list name, address, city, state and zip code:

11. If there are persons other than those listed on page 4 that the Adverse Party should be directed not to contact, please name the individuals and explain why these precautions are needed: _____

12. If there are any other safety concerns that the Court should know (e.g., firearms, etc.), please briefly explain:

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I ACKNOWLEDGE that an Extended Order may only be granted after notice of the petition for the Order and of the Hearing thereon is served upon the Adverse Party pursuant to the Rules of Civil Procedure, and a hearing is held on the petition.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT: (1) I AM THE APPLICANT HEREIN, (2) I HAVE READ THE STATEMENTS CONTAINED HEREIN OR HAVE HAD THEM READ TO ME, (3) I BELIEVE THESE STATEMENTS TO BE TRUE, AND (4) THE REQUESTED ORDER IS NEEDED.

PRINT NAME

CONFIDENTIAL

**STALKING AND HARASSMENT PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. Please note that if you do not provide an address for the Adverse Party, or if the sheriff/constable cannot effectuate service at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by private process server or other means.

APPLICANT DATA

Name: _____
(Last) (First) (Middle) Address

Mailing Address:
(If different from above) _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Work Address: _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Phone: Home:	Work:	Cell:
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Other Name Used: _____
(Last) (First) (Middle)

Additional Contact Person: _____ Phone: _____ Address: _____

CONFIDENTIAL

**STALKING AND HARASSMENT PROTECTION ORDER INFORMATION
(TO BE FILLED OUT BY APPLICANT)**

Instructions: Please provide all information known to you and print legibly. All requested information is helpful for service, even if the information is only partially known. **Please note that if you do not provide an address for the Adverse Party, or if service cannot be effectuated at the address you give, Applicant has the ultimate responsibility for having the Adverse Party served by a private process server.**

ADVERSE PARTY DATA

Is Adverse Party in custody now? ☐ **No** ☐ **Yes** If yes, where

Full Name: _____ Other Name Used: _____
(Last) (First) (Middle) (Last) (First) (Middle)

Relationship To Applicant (if any): _____ Date of Birth ____/____/____ and/or Social Security No.: _____
(M) (D) (Y)

Last Known Home Address: _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Is this address difficult to find? ☐ **No** ☐ **Yes** If yes, please explain _____

Mailing Address:
(If different from above) _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Other Likely Address: _____
(Street Address) (Bldg/Apt #) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____ Work Days: _____ Work Hours: _____

Work Phone: _____ Work Address: _____
(Street Address) (City) (State) (Zip Code)

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Sex _____ Race: _____

Scars/Marks/Tattoos (Description and Location): _____

Does the Adverse Party speak English? _____ If not, what language? _____
(Yes or No)

Vehicle Make: _____ Model: _____ Year: _____ License Plate Number/State: _____

Are the Applicant and the Adverse Party living together now?

(Circle one)

Yes or No

Are the Applicant and the Adverse Party employed by the same employer?

Yes or No

Is the Adverse Party likely to react violently when served?

Yes or No

Is the Adverse Party likely to avoid service?

Yes or No

Does the Adverse Party have a Carrying Concealed Weapon (CCW) Permit?

Yes or No

Does the Adverse Party have access to weapons?

Yes or No

If yes, please describe type and location of weapon(s): _____

Does the Adverse Party's history include (please circle): assault, assaults w/weapon, battery, mental health problems, drug/alcohol abuse, outstanding/prior arrest warrants, safety issues? Explain: _____

Do not write in this space. For court purposes only.

Issuing Court ORI: NV _____

Court Case Number: _____

Law Enforcement: Do not serve this sheet with documents to be delivered.

Form A-5 Confidential Stalking and Harassment Protection Order Information
Court